ORIGINAL ARTICLES

THE CRIMINAL INSANE*

By RUGGLES A. CUSHMAN, M.D.
Talmage

DISCUSSION *by Edward W. Twitchell, M. D., San Francisco; A. M. Kidd, Professor of Criminal Law, Berkeley; Milton B. Lennon, M. D., San Francisco.*

THE term, "criminal insane," is commonly applied to public offenders who are suffering from psychoses or from mental deficiency. There are about four hundred of this class in our California state institutions, about three hundred of whom are confined in the Mendocino State Hospital, which has been semi-officially designated the hospital for the criminal insane; one hundred, of various degrees of mental disturbance, in the State penitentiaries; and the remainder, most of whom have committed minor offenses only, scattered throughout the remaining state institutions. How many are still at large we cannot tell, nor how many border-line cases there are in the penal institutions and jails.

"CRIMINAL INSANE": ITS MEANING

To the psychiatrist and the jurist, through whose hands these four hundred or more have passed, the term "criminal insane" means something different from this general conception, or, perhaps we should say, means nothing, and is just a loose and convenient combination of words. From the psychiatric point of view these people do not differ from any other group of mental patients of like number. Some come to the State Hospital from Tehachapi, Folsom, and San Quentin, having been diagnosed there as mental cases, after conviction; some come from the various counties before trial, because they have been found legally insane and so not subject to trial until recovery. But the majority of them come after trial, when they have been adjudged not guilty by reason of insanity. To the psychiatrists at the hospital they are like other patients, except that they arrived under a different kind of commitment, and they are treated like the others, except for the extra caution used to prevent their escape.

From the legal point of view, the term "criminal insane" is wholly inconsistent, and has even less significance. As a legal principle, one cannot be insane and a criminal at the same time. An idiot and an insane person cannot commit a crime, the law declares, but adds in effect, "The law is going to define what an idiot or an insane person is, however, and not the psychiatrists."

BETTER CLASSIFICATION NEEDED

The "criminal insane" classification is loose and inadequate, both from the psychiatric and legal point of view, and should be replaced by a more scientific phrase, just as the term "insanity" has been discarded in psychiatry because it is no longer adequate to include all the facts and theories which have developed in that field. For the purpose of this paper, we will now use the expression as embracing all that class of psychotics and mental deficients who reach our public institutions through criminal-court proceedings.

It is in these proceedings that the conflict between medical and legal conceptions of mental disease is displayed so noticeably. The disadvantage is all on the part of the psychiatrist, because he must conform to the law, not the law to the psychiatrist, and because the law is out of step with modern psychiatry.

We can see how complete this disadvantage is when we consider that even though the prisoner whom the psychiatrist has been requested to examine is found to be definitely psychotic, and though opposing counsel, the judge, even the jury, accepts his diagnosis as correct, still, according to law, the defendant may be found sane, perhaps sentenced to hang. On the other hand, a defendant may be found not guilty by reason of insanity when all the alienists on both sides have testified he has no psychosis.

PSYCHIATRIST IN COURT PROCEEDINGS

At the various stages in a criminal proceeding, the psychiatrist, who is examining the prisoners, discovers that none of them is there for the primary purpose of making a diagnosis, but rather he must ever be vigilant in preparing himself to answer questions of fact upon which he will be cross-examined in court, and which are concerned not with psychiatry, but with lay tests formulated by courts and jurists centuries ago. Further, he must be prepared to face a different line of quizzing for every stage of his examination.

For example, at one stage of the trial, the test of the prisoner's sanity is whether he is capable of making a rational defense; at another, whether he is capable of understanding why he is being punished; at another, whether he knew what he was doing when he committed the offense, and if he did, whether he knew the act was wrong; and so on; for the law's definition of insanity shifts in different proceedings and at different stages. The test is never, whether the offender had or has dementia praecox or paresis, or some other such classification, questions in which the law has no interest except as they throw light on these lay and highly metaphysical matters.

WEAKNESSES IN THE COURT PROCEDURE SYSTEM

As one result of this condition, we receive these offenders in the state hospitals, not on the diagnoses made by the alienists at the trials, but on replies made by them to these test questions, about which they are little more capable of judging, distinguished authorities though they may be, than anyone else. To add to the farce, a lay jury weighs this evidence, and makes the final diagnosis of "guilty" for the sane, or "not guilty" for the insane; and so no wonder the psychotics often go to the penitentiaries and the malingerers to the

* From the office of the superintendent, Mendocino State Hospital, Talmage, California.
Read before the Neuropsychiatry Section of the California Medical Association at the sixty-sixth annual session, Del Monte, May 2-6, 1937.

state hospitals. Also, not surprising that dangerous criminals get by with pleas of insanity, a year at the hospital, then release to prey upon society again. For this release the hospital authorities are usually blamed, though they have no legal right to hold them longer.

Another court proceeding which brings the psychiatrist into popular disrepute is the manner in which he must testify as an expert. Testifying on the opposing side perhaps are other experts. Because of this fact, and because, in border-line cases such as most of these defendants are, these experts disagree in their opinion, the public often insists such opinions are bought. While it is true, as in every trade or profession, there may be this venial type, it is far more true and common in practice that what the psychiatrists are disagreeing over is not the medical diagnosis but these non-medical questions which are put to them and which they are trying conscientiously to answer, such as "What is right?" "What is wrong?" "Did this defendant know he was doing wrong?"

REMEDIAL LEGISLATION NEEDED

Now all this may seem like a heavy criticism of our courts of justice, but it is not so intended and will not be so understood if we recognize that our penal system is based on the doctrine of responsibility for our acts. The only two large countries which have overthrown this doctrine of individual responsibility entirely are the State of Mexico and Soviet Russia. For the sake of providing a proper defense of these four hundred more or less unbalanced offenders, we would not desire to overturn our criminal courts. All we desire is remedial legislation. This system has its faults, among which are those I have related, but it is the solid foundation upon which our present social and moral life is built. It was a long step in advance when, upon this doctrine of responsibility of every person was grafted the new principle, that insane persons are not responsible and cannot commit a crime. The next step is for psychiatrists and jurists to come to a better understanding as to what insane people are. The difficulty is not that juries and the legal profession as a whole do not wish to meet the psychiatrists halfway. It is in accomplishing this purpose without infringing upon this doctrine of free will and responsibility, and without taking away a prisoner's constitutional right of trial by a jury of his peers, and superseding it with a trial by a jury of psychiatrists.

PROCEDURE IN CALIFORNIA

In short, the conflict between the two professions is a technical one chiefly, and not one of principle. California, we are proud to say, is one of the leading states in this effort toward reform, though there is still so much to be done. Our more eminent judges use every means within the principles and rules of present law to give the courts and juries the benefit of the judgment of the psychiatrist, and make use of his knowledge. California is one of the few states which has enacted a law making it the duty of the judge, when a defendant pleads "not guilty by reason of insanity," to appoint one or more psychiatrists as friends of the court to examine the prisoner, the theory being that such an appointment will preclude any question of bias on the part of such alienist and his testimony will thus become more valuable.

Also, many judges are commencing to see the value of sorting out the mentally unsound defendants before trial, rather than going through the ordeal of trial by a lay jury and having them found guilty, sent to the penitentiary and from there to the hospital, as often happens; and also doing away with the expense of a trial. This is a procedure that is specially urgent, and can be done without any infringement on any present law.

Also, our courts in California are inclined to discourage the determination of a defendant's sanity by the use of the hypothetical question on the witness stand, whereby an alienist draws his conclusion and makes a so-called diagnosis from the outline of the history of the case in a question drawn up by the attorney examining him. The tendency now is to provide for the examination of the prisoner himself by the alienist, the advantages of which are readily understood.

THE "1026 LAW"

An effort at reform was initiated by the Legislature and approved by the courts, but from the point of view of the psychiatrist it has proved far from successful. This is the so-called "1026 law," whereby under this section of the Penal Code a defendant must offer his plea of "not guilty by reason of insanity" as a separate plea, while formerly this question was tried along with his "not guilty" plea. If the jury finds him not guilty by reason of insanity, this law provides he shall be committed to a state hospital for one year, unless it shall appear to the court he has fully recovered his sanity. At the end of the year he may apply for release. If at the hearing he is found to be still insane, he is returned to the hospital. If recovered, he is discharged. He cannot apply for release again for another year if he is found to be still insane, and so on, yearly.

The purpose of the enactment was, doubtless, to prevent a defendant from walking out of the courtroom a free person after acquittal, and often a dangerous one; or if committed to a hospital because his insane condition still exists, to prevent him from applying for a writ of habeas corpus at once, and so securing release.

The principle seemed reasonable, but what has been the result? For one thing, this new law acts as an invitation for every criminal to use the special plea. Nothing is lost by making the plea and a great deal may be gained, for the matter of his guilt has already been tried. These defendants are usually border-line cases, often downright malingerers, or sometimes, persons actually sane for whom the juries feel a certain sympathy, so that they wish to ease down on the punishment by providing a year in the hospital instead of a term in the penitentiary. For, if the defendant has a well-defined psychosis, the judge will in all probability, on his own initiative, have a hearing on the prisoner's sanity before the trial for his offense,

and send him to the hospital, since a prisoner cannot be tried while insane.

On their successful plea of insanity, these individuals reach the hospital and at the end of the year they apply for release. Unless suffering from a definite psychosis, the hospital staff can only testify that they are sane, and the judge is bound to release them. So the problem of the abuse of the plea has not been solved, merely dumped into the lap of the state institution officials and the judge who must sign the discharge, against all of whom there is much public dissatisfaction expressed.

HOW THE LAW WORKS OUT IN PRACTICE

It is a common occurrence in the Mendocino County courtroom, where most of these applications for release are heard, for the witness to testify that he feigned insanity at his former trial, even show how he did it, and so the judge is forced to discharge him, since there is no evidence of insanity on which to hold him. This is no reflection on the psychiatrists who examined these defendants prior to their commitment, for they were committed upon the verdict of a lay jury. Further, the diagnosis of the examining physicians is usually based on a few hours' observation, when it should be at least a month's observation. It is made under the most unsatisfactory conditions, while these border-line cases and malingerers have usually spent a goodly share of their lives passing in and out of hospitals and penal institutions, and have an actual technique which they pass on from one to another, for getting into hospitals instead of jails and penitentiaries. In addition, is the problem of being compelled to keep these sane criminals in the hospital for the required year, as they are all potential escapes.

LAW SHOULD BE AMENDED

For these reasons, we feel that the law should be amended and supplemented by provision that, before a prisoner is tried upon his insanity plea, he shall be sent to a state hospital for one month or longer, if possible, for continued observation. If found actually suffering from a mental disease, he could be detained until recovery without the expense and ordeal of a trial, and then be tried on a fair basis. If found sane by the hospital staff, his opportunity for escaping by means of an insanity plea would not be so favorable. Also, justice would be done to that type of offender who is actually suffering from a psychosis, but who, due to popular feeling against his anti-social act, is often dealt with most unjustly.

Colorado, Ohio, Maine, Vermont, and New Hampshire have such a law, committing the defendant to a state hospital for observation if he pleads insanity as a defense. Colorado and Ohio provide that the detention shall not exceed one month's period; Maine and Vermont provide that the judge may (not must) order the defendant into the care of the hospital superintendent "until further order of the court, that the truth or falsity of the plea may be ascertained." New Hampshire has a similar law. Experience in other states having proved such legislation practical, an attempt was made to introduce a similar law by a bill submitted at the last session of the Legislature here in California. But the attempt was unsuccessful, though we are hoping it may be accomplished next term.

OTHER REFORMS

There are other reforms which it is hoped may be introduced into the California law, with a view to bringing it more into step with modern psychiatry. The legal court test of insanity in a trial for an offense in this state is whether the person was so disordered in mind when he committed the act as not to know the nature and quality of it, or if he knew this, did he know that the act was wrong? The answer to these questions by the psychiatrist must be "yes" or "no." The defendant must be found either responsible and, therefore, sane or irresponsible and, therefore, insane, to meet legal requirements in most of our states, including California.

In some states the test has been modified to include the test of the defendant's volitional powers, the so-called "irresistible impulse" test; in some states the doctrine of partial irresponsibility is indirectly accepted, but only in mitigation of punishment, when records or testimony may be presented to the judge after trial and before sentence. A famous case where this was done was at the Loeb-Leopold murder case in Chicago. In California, as in most states, it is not permissible. Also, in California and most states, a person with insane delusions is legally sane and irresponsible in spite of them unless the facts of the delusion, if true, would justify a reasonable man in committing the offense. That is, a person with delusions is guilty unless he acts like a reasonable man! There are other tests which time will not permit us mentioning, but which are in need of modification. Back of all these efforts at change is a desire to amend the old conception that man is all conscience and intellect, and give recognition to the compelling power of the emotions, just as modern psychiatry is doing.

THE MASSACHUSETTS LAW

This paper would be incomplete without a paragraph concerning the Brigg's Law of Massachusetts, which we hope may be a pattern for a similar law in this State. It is based on the principle of an automatic examination for all persons who have committed major crimes, and for recidivists. This examination is made by the psychiatrists who are appointed by a professional organization—the Department of Mental Diseases of the Commonwealth—and who are both representatives of the court or of either party, thus removing the report from suspicion of bias. The records are kept by the State Board of Probation, and are accessible to the District Attorney, attorneys for the defense in any trial, and, of course, the judge. They also reach the jury, as the examining psychiatrists may be summoned by either the defense or the prosecution. The statute is worded so that the question of whether the mental disease would affect the subject's criminal responsibility is decided in advance of the trial. If the defendant is found to

be suffering from mental disorder, he is immediately committed to a hospital until his recovery. Some of the advantages are elimination of a trial by jury when the psychiatrists pronounce the offender insane, savings to the State in expense of trial, lack of opportunity to feign insanity, plenty of time for observation on the part of the examining psychiatrists, and humane treatment of the insane criminal. Such a change in our law would also benefit that type of defendant who, though pronouncedly psychotic, shows no symptoms to the lay mind, so that even his attorney oftentimes does not suspect his condition and advises a plea of insanity. Thus, a victim of ignorance, he may plead guilty or be found guilty wrongfully. Mr. Winifred Overholser, Commissioner of the Department of Mental Diseases of Massachusetts, just resigned, has issued a most interesting booklet of the operation of this law. The Criminal Law Section of the American Bar Association has recommended that the scope of the statute be extended to include all felonies. We, who are specially interested, hope its principles may be enacted into the laws of our State.

I have desired, in this paper, to point out a few of the difficulties the psychiatrist must meet when called upon to examine offenders and testify in court concerning their mental condition; and to suggest a few much-needed reforms.

IN CONCLUSION

In conclusion, I would ask that you give all the assistance you can to the efforts being made to induce the Legislature to support these reforms; particularly the enacting of a law providing for the examination of the offenders pleading insanity by psychiatrists with plenty of time for observation at a state hospital. I have attempted to show the special need for this legislation, and, with sufficient support and interest, it can be accomplished. I thank you for any coöperation you can give and for the considerate attention you have shown me today.

Mendocino State Hospital.

DISCUSSION

EDWARD W. TWITCHELL, M.D. (909 Hyde Street, San Francisco).—It is quite true that the term "criminal insane" lacks in many respects of being perfectly suitable. That is true of a great many terms in common use, but they are continued until an acceptable substitute is found.

While it may be true, from a legal point of view, that the term is inconsistent and that, legally, one cannot be insane and criminal at the same time, in actual fact it is true that one can be insane and criminal at the same time. There are many insane, even insane who are in state hospitals, who in spite of their psychotic condition, if the term "insanity" be objected to, have an excellent understanding of what is right and wrong, and are able to control themselves so far that they refrain from doing wrong. There is many a paranoid who believes himself to be persecuted, but does not attack his persecutor because he feels it wrong to disobey the laws; while, on the other hand, there are those who are quite aware that their mental condition is a protection to them and would take advantage of it to commit all sorts of illegal acts. The vast majority of the insane, of course, are without the ability to reason correctly and are admittedly irresponsible.

The duty of the psychiatrist in court is to aid the court and the jury to determine this responsibility or irresponsibility. The method at present in use in this State is not calculated to give the courts the aid that they need. It was thought a great step had been taken forward when judges were ordered, in all cases of doubt, to appoint three psychiatrists to examine the accused who pleaded not guilty by reason of insanity. This is correct in purpose, but it does not always work out well in practice because, for one thing, judges are not always good selectors of psychiatrists. The judge may think his personal friends are excellent psychiatrists, while actually they may be incompetent, and though, as is mandatory, one of those selected must be from the staff of a state hospital, not every member of the staff of a state hospital is necessarily a good forensic psychiatrist. The result is often that the commission of three is entirely dominated by one who is followed obediently and blindly by the two others.

Even if the commission were all your fancy paints, this commission has inadequate time and opportunity for examination. The attorney for the defense has told his client, under no circumstances to permit examination by the doctors appointed by the court, so the doctors appointed by the court must report without having had opportunity to make any sort of physical examination or even a proper mental examination, and their opportunity for getting family and past history may be so small that they are practically ignorant of the prisoner's antecedents and personal history. The attorney for the defense will not permit this examination because he regards the doctors appointed by the court as too close to the district attorney, and he will not trust the district attorney. Experience has taught him that district attorneys are not always to be trusted. Two ways out of this difficulty have apparently been found: one in the Briggs law and the other the Colorado procedure, where the patient is put for a month in a state psychopathic hospital for observation, that the staff may report to the court at the end of this period of examination. As compared with our present-day methods, there is no question that either one of these is preferable to our own.

❦

A. M. KIDD, Professor of Criminal Law, University of California, Berkeley).—Ideal legislation on the subject of insanity as a defense to crime presents constitutional problems, as well as the difficulties of persuading the people that it should be adopted. There is, however, a practical solution, which should work pretty well, utilizing the law as it now stands with very little change. Accept the right and wrong test to its fullest extent. Practically every defendant who comes before the court possesses that minimum. In fact, there are very few inmates of the state hospitals for the insane who do not know that the common crimes are forbidden by law. Those who are obviously so far mentally alienated that they do not know the difference between right and wrong are not tried. The judge and the district attorney recognize their condition, and send them to a state hospital. As Doctor Cushman says, "If the defendant has a well-defined psychosis, the judge will in all probability, on his own initiative, have a hearing on the prisoner's sanity before the trial of his offense and send him to the hospital, since a prisoner cannot be tried while insane." With a month's observation, as Doctor Cushman recommends, the result would be a larger number of cases sent to the hospital without trial.

In the cases that are tried, the defendant can and should be convicted. The evidence of a psychosis, unless it goes to the length of establishing that the defendant did not know that what he did was contrary to law, should be of no importance on the trial. Something has been made of the theory of the power to choose, but, as has been said: "Whatever the compelling power of the emotions, the defendant still knows what is right and what is wrong according to law. The absolutely irresistible impulse is an extreme abstraction." By applying the right and wrong test literally, practically every defendant who comes to trial would be convicted and would be detained for an indefinite term with a high maximum, for the maximum penalties in California are very high.

Moral responsibility is a theological question to which the law can give no answer. Unquestionably, the man with bad heredity and environment, suffering from a psychosis, even though he knows the law of the land, is not as responsible as the winner of the Eugenic Prize. But the law can do nothing about this difference. The fact is that the former is dangerous to society and the latter is not.

The next important step is to hold in an adequate institution for the criminal insane, those who have definite psychoses and would be benefited by their treatment in such an institution. In 1905, an institution for the insane person charged with felony was provided for by an act of the legislature. The building was started, but not completed. The location was at Folsom, an obviously undesirable place. A suitable building in a suitable location should contain a block of maximum security cells and detention places down to minimum security, according to the condition of the patient. Doctor Cushman and an architect would have no difficulty in designing such an institution. The present hospital at Ukiah is not equipped for persons with criminal tendencies and the ability to escape, and too many of the staff are political appointees. Much of the criticism of the present law arises from that fact. Not so many years ago a defendant, a colored man, was found insane and sent to Ukiah. In a few weeks he was back again before the same judge. The judge asked for an explanation. The defendant gave it. "I was in the yard and an attendant came up and says to me, 'Nigger, you ain't crazy.' 'Why, yes I is,' I says. 'See here, Nigger,' says he, 'I am going away and I am not coming back for fifteen minutes. If you are here when I get back, then you *are* crazy' and, Judge, when he came back I wasn't there."

An institution, properly built and staffed, would solve most of the problems, with no change in the law. The solution does not differ substantially from the English law. There the jury is permitted to find the defendant guilty of the act, but so insane as not to be responsible according to law. The court then orders the prisoner to be kept in custody as a criminal lunatic until His Majesty's pleasure shall be known, and His Majesty is pleased not to release him. The result is that the defense is rarely made by defendants except in capital cases. A conviction for robbery or burglary involves perhaps a two- or three-year sentence to prison, but a finding of guilty but insane means detention for life.

If the medical experts knew that a defendant found guilty under a right and wrong test would be put in an institution for the criminal insane if suffering from a psychosis and in such institution would be cured, if possible, otherwise detained for the maximum term, there would be less reluctance to find the defendant sane according to the law. Under the law as it is at present, the experts for both sides, if reasonably competent, usually agree as to what is the matter with the defendant medically, but the prosecution experts say he knows the difference between right and wrong in relation to the law of the land as applied to the act that he did. The defense experts say that may be so, but a man so seriously diseased ought not to be sent to prison. The absurd hypothetical question makes a difference appear between the experts, where there is none in fact. The defense counsel consumes a couple of hours in reading a question embodying all the testimony favorable to the defense and omitting everything else. The answer of the experts to such a question is, naturally, that the defendant is insane. The prosecution presents its side of the testimony in a similar hypothetical question embodying the testimony for the prosecution and, obviously, the answer is that the defendant is sane. The experts are made to appear in opposition, whereas neither has had an opportunity to answer a question as to the actual state of the defendant based on the evidence and personal examination. Fortunately, as Doctor Cushman points out, reasonable judges are now utilizing the reports of competent nonpartisan experts. The recent power of the judge to comment on the evidence gives him the opportunity to tell the jury the truth about the hypothetical question.

❋

Milton B. Lennon, M.D. (384 Post Street, San Francisco).—Doctor Cushman's wide experience with the problems of the so-called "criminal insane" gives him the halo of some authority.

We who have had but a minor experience have a sense of overwhelming insufficiency when we view the problem. Its facets are many. The legal side is mixed up with the medical aspects, and yet a certain deal of common sense should help to solve the question. The rights of the individual and of the public must be conserved.

A man is indicted as the perpetrator of a crime. The judge may recognize the fact that he has a psychosis, appoint a psychiatric board, have an investigation, and immediately commit him to a state hospital.

Another indicted individual may make a twofold plea: First, "Not guilty," and second, "Not guilty by reason of insanity." He and his lawyers have a dual purpose. If he is found guilty a second trial on the insanity plea is made, with the hope that the jury will find a verdict of insanity, and that, instead of a long sentence in prison, he will be sent to a state hospital. At the end of a year he can start proceedings to be discharged from the state hospital. Remember, that a lay jury has brought in the verdict of insanity, and that at times this is done in the face of unanimous medical testimony to the contrary. Careful study during the year's stay at the hospital may fail to disclose any psychosis, and hence the superintendent has no alternative than to discharge the patient.

Again a man may be adjudged insane by the jury, and this time in conformity with the medical evidence. At the hospital careful study by the superintendent and his staff may lend further evidence of a psychosis. Even such an individual may, at the end of a year, bring legal action and attempt to be discharged. What is more, men have succeeded in regaining their freedom despite the protests of the hospital superintendent. Now such things do not happen often, but they never should happen.

There should be no double plea, and if there is the usual second part should take precedence over the first. If the plea is made of "Not guilty by reason of insanity," I am in hearty accord with Doctor Cushman's valuable suggestion. An intensive psychiatric study of the individual should be made. In some instances a conclusion can be quickly reached, in others only a time-consuming investigation will lead to a logical diagnosis. Hence, the period of stay at a hospital should be left entirely to the discretion of the superintendent. In this way no psychotic patient will find himself in jail. The malingerer will be ferreted out by observing eyes.

We of the medical profession should use every means to bring about legislative action that will further Doctor Cushman's proposal.

Equally important, in my opinion, is a change in the law that permits a patient to take legal steps toward his discharge at the end of a year. A longer period, say of five years, should be substituted before such an action is permitted. The matter should be far more a medical than a legal question. A proviso might be made that, after a year and at the discretion of the superintendent, a patient may be discharged if the psychosis is cured, and no superintendent would hold a patient if such were the case.

COCCIDIOIDES IMMITIS INTRADERMAL SKIN REACTION*

A PRELIMINARY REPORT OF 449 CASES

By Samuel Hurwitz, M.D.
John Edward Young, M.D.
AND
Bernice U. Eddie, M.A.
San Francisco

THE purpose of this paper is to evaluate the coccidioides skin test as a diagnostic measure. To our knowledge there has been no previous similar report in the literature. Jacobson,[1] using a filtrate of a coccidioides growth on Sabouraud's bouillon, tested six noninfected persons and obtained negative results except in one case of blastomycosis. A positive reaction resulted in six patients with coccidioidal granuloma. He stated that coccidioides immitis produces a filterable substance

* From the Department of Pediatrics, and Hooper Foundation for Medical Research, University of California Medical School, San Francisco.

Note.—Since this paper was submitted for publication we have encountered a case of coccidioides of the lung in a white male, proved by biopsy, which gave a negative skin reaction.